

Dear Parents and Carers

**Work Experience – Year 10 Students
Monday 20 May - Friday 24 May 2024**

Work experience is an opportunity to gain a broad experience of the world of work and an opportunity to develop skills they will require in their future working lives. The purpose of work experience is to provide a realistic insight into the world of work as part of the schools Careers Programme. This will assist our students as they make the transition to adult life and career pathways for the future.

Students are responsible for organising their own placements and are encouraged to approach companies themselves. We will then work closely with the company to manage the process to ensure students gain a valuable and enjoyable placement. A health and safety risk assessment will also be carried out by an external contractor. The attached Work Experience Consent Form will need to be completed by the Company your child has secured for their work experience. **All forms must be submitted by Thursday 30 November 2023.** We do have the right to withdraw a work experience placement based on behaviour in school.

We also require your consent and your child's consent for them to participate in work experience. Please complete the Consent Form attached.

All Year 10 students are expected to participate in Work Experience and the normal timetable will be suspended for this five day period.

Thank you for your support in helping your child gain a valuable insight into the world of work.

Yours sincerely

Mrs L Lockley
Assistant Headteacher

Mrs L Norton
Assistant Headteacher



**John
Willmott
School**

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Parent/Carer Consent

I give my consent for my child to participate in work experience.

| | |
|---|--|
| Please provide any information regarding medical conditions, e.g. allergies, asthma, diabetes, epilepsy, etc | |
| Is there anything else you would like to bring to the company's attention? e.g. travel sickness, incontinence, or any other needs | |

Signed: _____

Parent/Carer

Dated: _____

Print Name: _____

Student Agreement

I agree to respect confidentiality of all information about the employers business.

I agree to observe the conditions and rules, particularly with regard to safety and security.

I understand I have a duty of care towards the employer, employees and equipment.

Signed: _____

Student

Dated: _____

Print Name: _____

Students should return the form to student reception by: Thursday 30 November 2023

PLEASE NOTE: ALL PLACEMENTS MUST BE APPROVED BEFORE WORK EXPERIENCE STARTS – IF APPROVAL IS NOT GIVEN THE PLACEMENT CANNOT START.



Work Experience Consent Form

| | | | |
|-------------------|--|-------|--|
| Names of Student: | | Form: | |
| Date of Birth: | | | |
| Company Details: | | | |
| Name of Firm | | | |
| Address | | | |
| Postcode | | | |

Company consent

I agree to the named student taking part in work experience at the above named placement.

Signed: _____ Dated: _____

Print Name: _____

Position Held: _____